



School District #27 (Cariboo-Chilcotin)
OUT OF DISTRICT TRAVEL Personal
 Expense Voucher

Name: _____ Date of Claim: _____

School/Department: _____ Position: _____

Date(s) expenses were incurred: _____

Reason for Travel: _____ Approved by: _____

Page 2 Must Be Completed to Claim Reimbursements

TRANSPORTATION COSTS: (from page 2) \$ _____

ACCOMMODATION

Lodging for _____ night(s) at _____ per night (attach receipts) or
 per diem rate of \$20.00 (including incidentals) without receipts. \$ _____

MEALS

Refer to Policy No. 4133 when claiming meals

_____ Breakfast @ \$10.00 \$ _____
 _____ Lunch @ \$15.00 \$ _____
 _____ Dinner @ \$25.00 \$ _____

Attach receipts for actual amounts; if not claiming the per diems'
 rates above

\$ _____

INCIDENTAL EXPENSES: Claim \$6.00 per day \$ _____

OTHER EXPENSES (specify): _____ \$ _____

Distribution of Charges:		
Acct. Code	Amount (incl GST)	GST

Sub Total \$ _____

Less Advance (if any) \$ _____

Total Claim \$ _____

Claimant's
 Signature: _____

Authorization: _____

***** REIMBURSEMENT REQUESTS MUST BE SUBMITTED WITHIN 30 DAYS *****

Detailed Travel Summary

Month of _____ 20__

TRANSPORTATION COSTS

_____ Kilometers @ .57 cents/pavement \$ _____
 _____ Kilometers @ .62 cents/gravel \$ _____

****AS PER POLICY #4133(3).** Reimbursement for transportation costs when using private vehicles for travel on Board business outside of the District **will be the lesser of mileage or air fare.** (As at August 1, 2007) **

You must attach copy of airfare costs; in order to be reimbursed Transportation costs.

Airline #1 Costs _____ **Airline #2 Costs** _____

Travel costs from/to airport _____ (Cab, trains etc) Travel costs from/to airport _____
 (www.taxifarefinder.com)

Other parking fees/etc: _____

Other; parking fees/etc: _____

Carpooling: Yes No Other staff: _____
 (circle one)

Provide trip departure and arrival times on a daily basis in the columns provided.
 Refer to District's Mileage chart from the website

Date	Depart Time	Travel From:	Arrive Time	Travel To:	Kms. Pavement @ .57/km	Kms. Gravel @ .62/km	Total Mileage Amount
TOTALS:							
OTHER TRAVEL DETAILS							

Signature of Claimant: _____

Approval by Principal/ Supervisor: _____